V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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06511

1. PLACE OF DEATH	00	031
County Charles.	Registration Dist. No. /	
Village or City near La Plata!	WANO. St	Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos	ber)
2. FULL NAME Kobert Benja	auin Brown	
(a) Residence: No. near da/lette	e-6t.; Ward.	
(Usual place of abode)	If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That Colored Mary 12.	21. DATE OF DEATH (Month) (Day)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Blair	(Month) (Day) 22. I HEREBY CERTIFY, That I attended dece	(Year)
6. DATE OF BIRTH (month, day, and year) Mas 23. 1873	June 3 , 193 pt , to June 9	, १९३४
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at /1:20 Q-m.	eath is said
100 1 1 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Z & Trade, profession, or particular	were as follows:	ate of onset
kind of work done, as SPINNER, Reliked - SAWYER, BOOKKEEPER, etc.	Hyportatic Incumaria	
9. Industry or business in which work was done, as SILK MILL, Mainthorder Factor SAW MILL, BANK, etc		
kind of work done, as SPINNER, Retired SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Manuford Requirements of the work was done, as SILK MILL, Manuford Registration of the work was done, as SILK MILL, Manuford Registration of the work was done, as SPINNER, Retired Registration of the work was done, as SPINNER, Retired Registration of the work was done, as SPINNER, Retired Registration of the work was done, as SPINNER, Retired Registration of the work was done, as SPINNER, Retired Retired Registration of the work done, as SPINNER, Retired Retired Registration of the work done, as SPINNER, Retired Retired Retired Registration of the work done, as SPINNER, Retired Retir	arteriosclerous	
12. BIRTHPLACE (city or town) Chas- Co. (State or country) Mid.	Other Contributary Causes of importance:	rug 14
	to a congral henouthfuge.	1934
	July 3 Cause of death. long	
14. BIRTHPLACE (cfty or town) Class Co. (State or country)	Name of operation Date of	
# 15. MAIDEN NAME Sarah V. Julen	What test confirmed diagnosis? Was there an au'op 23. If death was due to external causes (VIOL ENCE) fill In also the following:	sy?
15. MAIDEN NAME Sarah V. Julen 16. BIRTHPLACE (city or town) Chap Cu (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Ada Boarman, (Address) La Plus mo	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Mc Cardia Place D Calvinus Date June 11 1935	Manner of injury	
19. UNDERTAKER Herry a Plana mo	24. Was disease or Injury in any way related to occupation of deceased? If so, specify Aller English Park	<u></u>
20. FILED Acros 10, 19 31 & illian Pasey Registran.	(Signed) La Plata tud	M. D.
If more blanks are needed, address State Registra,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06542
1. PLACE OF DEATH County Charles	Registration Dist. No. 102
1/ //	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Minnie E. Carrol	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Femal 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of Carllon Carroll.	22. I HEREBY CERTIFY, That I attended deceased from 19 30 to 10 26 19 35
5. DATE OF BIRTH (month, day, and year) Cfr. 12, 1885.	I last yaw her alive on June 12 5, 1935; death is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Volvular (Cardiac)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Mammay Carcinoma,
10. Date deceased last worked et this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Trice Jok, (State or country) Maryland.	
13. NAME Palvest Prine	
14. BIRTHPLACE (city or town) Charles Co. (State or country) Maryland	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Julia Jordes. 16. BIRTHPLACE (city or town) Charles Co., (State or country) Manual Cond.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT Conthony & Carroll (Address) natilemon and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place nonjenny md. Date June 29, 1935	Manner of Injury
19. UNDERTAKER Stanley Penny (Address) Pisyale, Md-	24. Was disease or injury In any way related to occupation of deceased?

(Signed) Vierge C. Reidenell
Registrar. (Address) Marling Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

H	Example I
Date of onset	The principal cause of death and related causes of importance were as follows:
1915	Arteriosclerosis
1921	Chronic interstitial nephritis
July 5,1927	Cerebral hemorrhage
May 1 1923	Other contributory causes of importance:
May 1,1923	Gallstones
The principal cause of importance were as Atlack of epilepsy Run over by street car Peritonitis Other contributory can Gastroenteritis	of importance were as 1915 Atlack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory cal

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. E. No. 1

ż	B.—	WRITE	PE	F	,Y,	WITE	U	NFAI	DING	N	T	HIS	IS A	PER	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	VENT R	G
(m	ation	should	1 pe	care	fully	Ins	plied.	AG	E sh	pluo	be	stated	国	mation should be carefully supplied. AGE should be stated EXACTLY. I	Y.	-
1	C	AUSE	OF I	DEAT	H in	n plai	in to	erms,	so tha	it it	may	be	prope	rly	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa	(3)	Xa
	T	TION is very important. See instructions on back of certificate.	very	imp	orta	nt. S	see	instru	ctions	no	back	Jo	certific	ate.			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06543
1. PLACE OF DEATH	92:00
County Charles -	Registration Dist. No. 100
Village or City hear La Peala Wed.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elsie Dualsel	T
(a) Residence: No. La Plata (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sound Sound Suchset	22. I HEREBY CERTIFY, That I attended discassed from
6. DATE OF BIRTH (month, day, and year) July 22, 1899	I last saw h. 97 alive on way 2 k , 19 3 5; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & 10-Pa.m.
35 10 + 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Frada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased fast worked at this occupation (month and spent in this spent in this	Milat Jumpicionery 14.
D ID. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Chas. Co.	Dther Contributory Causes of Importance:
(State or country)	Conte myreardial
13. NAME Clientes Daugles.	accongainson.
13. NAME Cleane Daugher. 14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Flora Duelsell	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Flora Duelsett 16. BIRTHPLACE (city or town). (State or country)	Accident, suicida, or homicida?
17. INFORMANT John S levelett (Address) La Plata ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Charle Date June 4, 19.35	Manner of injury
19. UNDERTAKER Sent and Ryon (Address)	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED LINE 4, 1935 Sulletin Posey	(Signed) M. D (Address) Lake Wal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gornes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TATEMENTS BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06544
1. PLACE OF DEATH	
County Ollers	Registration Dist. No. / 0
Village or City Passage	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)
4 4 9	osds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME George free good	
(a) Residence: No. (Usual place of abode)	// St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word)	21. DATE OF DEATH June 19
5e. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mich 231935	I last saw h. aliva on 17 19 30; daath is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et / 238 m.
3 /5 1 day,hrs	mark a collows.
8. Trade, profassion, or particular kind of work done, as SPINNER, & t luster SAWYER, BOOKKEEPER, etc.	Cup Gastro Oulerites Date of onset
A Industry or business in which	asmole premia
work was done, es SILK MILL, SAW MILL, BANK, atc	
10. Dale dacaasad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Charle Ce. Md (State or country)	Other Contributory Causes of Importanca:
E ON ON ON	
4 14. BIRTHPLACE (city or town) Clearly Co. YMA (Stala or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
E Oliver of On I	23. If death was due to extarnal ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) CUMPLE (City or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Les Gronds	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pesgal And Date June 18,1980	Nature of injury
19. UNDERTAKER Strongley Alexander (Addrass)	24. Wes disease or injury in any way ralated to occupation of decaased?
20, FILED June 18, 1935 Musy Southellows	(Signed) George O Cichael M. D. (Addrass) Mauly 220
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
30.00			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		No. 10. Section 1977 The PARTY OF THE PARTY	

M)	tem of	plnous	JO J	
	RECORD. Every is	. PHYSICIANS	Exact statement o	
FOR BINDIN	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
V. S. No. 1 MARGIN RESERVED FOR BINDIN	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	TION is very important. See instructions on back of certificate.

	I. PLACE OF		JF MA	RY	LAND	CERTIFICATE OF DEATH (1604.)
		017				159 Registration Dist. No. 106
	Village or Ci	ty Pomonkey	T		(If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
		ME James			abode)	St., Ward. If nonresident give city or town and State
	PERSON	AL AND STATIST				MEDICAL CERTIFICATE OF DEATH
3.	Male Male	4. COLOR OR RACE Colored			D. WIDOWED, write tha word)	21. DATE OF DEATH June 21 ,193 5 (Month) (Day) (Year)
5a	. If married, widows HUSBAND of (or) WIFE of	ad, or divorced				22. I HEREBY CERTIFY, Thet I attanded dacaased from ,19,19,19
6.	DATE OF BIRTH (month, day, and year)	June 21	1, 1	1935	I last saw h; daath is seid
7.	AGE Year	s Months	Days		If LESS than 1 day,hrs. o20min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: Date of onset
OCCUPATION	kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, atc businass in which done, as SILK MILL, L, BANK, etc		••••		Premature birth at 7 months
000	10. Date dacease		11. To	otal time spant i occupa	(yaars) n this tion	Other Coutributory Causes of importance:
_	State or coun	y or town) Pomor try)	key, 1	ld,		Other Courselety Cause of Impulance.
HER	13. NAME	Howard De	emest			
FATHER	14. BIRTHPLACE (Stata or				e, Md.	Name of operation Deta of What tast confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NA	ME Elizabet	th Made	xof		23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (State or	country) Rip	oley, M	10		Accident, suicide, or homicide?
	(Address)	Mar	h Mado			Specify wfiether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	Placa_G1	ymont, Md	DateJl	ine.	22 ., 19 35	Mannar of injury
li .	,	Penny & Co	-			24. Was disasse or injury in any way ralated to occupation of dacaased? If so, spacify (Signed) M. D. Ranaane M. D.
20	, FILED O/ Z	2 , ₁₉ 35 M	P . Hall	SOME	Registrar.	(Address) Pomonkey, ms

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:
Arteriosclerosis 1915	Attack of epilepsy 1 week ago
Chronic interstitial nephritis	Run over by street car 1 week ago
Cerebral hemorrhage July 5,1	927 Peritonitis 3 days ago
12.00	
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones May 1,1	Gastroenteritis 1 year

STATE C	F MARYLAND—	CERTIFICATE OF DEATH 065	46
1. PLACE OF DEATH		(159)	30
County Clurch	es	Registration Dist. No. 20(
Village or City Pusay	ala	NoSt.,Steach occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where o		sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Sans	wel alpho	no monroe	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Mule Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (1)	Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decease 19	sed from
6. DATE OF BIRTH (month, day, end year)	une 8 1935	I lest saw h; deat	
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation Les Go, Mad	not born full lerus	no ol onset
14. BIRTHPLACE (city or town) _ Club (State or country)	esles 60.	Neme of operation	y?
15. MAIDEN NAME David 16. BIRTHPLACE (city or town) Class (State or country)	rles 60: md:	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	19
400	moural	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Pragaile, much	0	Menner of injury	
19. UNDERTAKER CYTTLING (Addiess) Prografi. 20. FILED June 10, 1935 June	moural und ery Suntherles	24. Wes disease or injury in any way related to occupation of deceesed? If so, specify (Signed) Many Santhan langer A	exul Egusti

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
gripeAti	- grand		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECALD. Every item of information should be eafefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIA TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLA

V. S. No. 1

STATE OF MARYLAN	ND-CERTIFICATE OF DEATH 06547
1. PLACE OF DEATH	119
County Charles	Registration Dist. No. 102
Village or City Ironoides	NoSt.,Ward
2. FULL NAME Cyrlis Pullia (a) Residence: No. Sansades	(If death occurred in a hospital or institution, give its NAME instead of street and number) 6 mos. 2 ds. How long in U.S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the	word) 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 23, 19	3 4 1 last saw h MM alive on June 12 , 19.35; death is seld
7. AGE Yaars Months Days If LES	S than to have occurred on the date stated above, et
8 Trade profession or particular	Date of one of the court of the
kind of work dona, es SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	000000000000000000000000000000000000000
10. Date deceased last worked et this occupation (month end yaar)	•
12. BIRTHPLACE (city or town) Issuaides, Mid (State or country)	Other Contributory Causes of importance:
13. NAME Phlliam Henry Monton	uu.
13. NAME Thele are Neury Montgon 14. BIRTHPLACE (city or town). Mangersony, Med	Name of operation Date of
(Stata or country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Mary Elizabeth Frank 16. BIRTHPLACE (city or town) Riveliscide, Med (Stata or country) 17. INFORMANT Dellam Martgareny (father)	23. If death wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicida? Dete of Injury Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Cany Emery Date June 15	Manner of injury
19. UNDERTAKEN Harry Montgomer (Address)	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20. FILED June 1 4, 19 8 4 4 thm & Made Ro	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms. as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. Λ person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	face entre	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	4.84.5 105	July 5,1927	Peritonitis	3 days ago
	I PEIGPAU V S			
Other contributory can	uses of importance:)	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLA

V. S. No. 1 N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH 06548
1. PLACE OF DEATH	9)
County Chamber	Registration Dist. No. 188
Village or City Drughes and Le	ND. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
· · · · · · · · · · · · · · · · · · ·	alex
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH June 23 , 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Joseph	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mary, 14, 1934	I last saw h 2 alive on 2 3 ,1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Thooping Cough
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, AW MILL, BANK, etc 10. Date deceased last worked at this ceveration (years)	
11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country) La les reg	Facility freding
13. NAME Benny W. Plate	
13. NAME Serve Tr. Plate 14. BIRTHPLACE (city or town) Chalcele Jrace (State or country) 64- The Land	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT Bue 2. Plader (Address) New Parison May 2.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Box assland Date Jeen 27, 1934	Nature of injury
19. UNDERTAKER Red . Ptoler	24. Was disease or injury in any way related to occupation of deceased?
(Address) Charles Her Wif	If so, specify
20. FILED \$23/35, 19 on That pelian	(Signed) Molecular C. Charles M. D.
Registrar.	(Address) Any has reduced

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	.1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BE PEACL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LACE OF	DEATH 4				, 0 0 3
county C	harle	1		Registration Dist. No.	04
illage or City	Maus	ile		No. St.	Ward
ength of residen		1		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrs	number)
a) Residence:	No.	(Usual place	of abode)	St., Ward. ff nonresident give city or town an	d State
ERSONAL	AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
1	COLOR OR RACE		RIED, W10 OWED, D (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193 5 \ (Year)
rried, widowed, SBANO of WIFE of	or divorced		-1/2	22. f HEREBY CERTIFY, Thet I attende	d deceased from
OF BIRTH (mo	nth, day, and year)	8	- 35'	I last saw h alive on, 19, 19, 19	
Years	Months	Deys	If LESS than 1 dey,hrs. ormin.	to have occurred on the date steted above, et. [m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	Oate ol onset
SAWYER, BO noustry or busi work was do CAW MILL, E Date deceased le	done, as SPINNER, OKKEEPER, etc ness in which ne, as SILK MILL, ANK, etc	11. Total t spa oc:	ima (yeers) nt in this upation	Childry Manha	1 dan
HPLACE (city or State or country)		nd			
BIRTHPLACE (cit (State or cou		mal,	Ann	Name of operation Oete of What test confirmed diagnosis? Was there an	
MAIDEN NAME BIRTHPLACE (cit (State or country) RMANT Address) AL, CREMATION	any fli	and one	-/6-193	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide; or homicide?	ale) LACE.
Address)	10 mm (12 /2)	onte	don	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed)	

STATE OF MARYLAND-CERTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2	of infor-	ild state	CCUPA-	-
	item	shou	o jo	
	D. Every	SICIANS	tatement	
	T RECOR	Y. PHY	Exact s	
NDIL	MANEN	XACTL	lassified.	
FUK DI	IS A PER	stated E	properly o	ertificate.
E L	HIS	pe	pe	o jo
MARGIN RESERVED FOR BINDIN	-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
MARGIN	I UNFADE	supplied.	in terms, so	see instructi
	ALY, WITH	e carefully	ATH in pla	nportant.
	TE PLAN	plnous u	SE OF DE	is very in
	-WRI	matio	CAUS	TION

N. B.-WRITE PLA

V. S. No. 1

County Village or City Length of residence in aity actiown where death occurred Length of residence in aity actiown where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of ((a) Years Months Days If LESS than 1 day,
Village or City. Possible or institution, give its NAME instead of street and number) Length of residence in sity-scrown where death occurred yrs, mag. ds. How long in U. S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) Fall II married, widowed, or divorced (or) wife of
Length of residence in sity actions where death occurred yes, mas ds. How long in U. S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) 53. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey, hors, hors, switched word of work done, as SPINNER, SWITER, BOOKKEPER, etc. 3. SEX 3. Trade, profession, or particular 3. Trade, profession, or particular 3. Trade work was done, as SILK MILL, SWITER, SOOKKEPER, etc. 3. Trade of birth (month, day, and year) Other Costributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country). What test confirmed diagnosis? Was there an autoposy? What test confirmed diagnosis? Was there an autoposy? What test confirmed diagnosis? Was there an autoposy?
Length of residence in aity at Lown where death occurred
2. FULL NAME (a) Residence: No. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (varie the word) OR DIVORCED (varie the word) For Wife of the word of worded of the particular of the particu
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. RIGHE, MARRIED, WIDOWED, OR DIVORCED Curric the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I flag, profession, or particular in the particular in the ball stated bove, at m. Trade, profession, or particular in the particular in the ball stated bove, at m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Date of BIRTH (month, day, and year) 10. Date deceased last worked at syear) 11. Total time (years) SPONNEL, BANK, etc. Other Ceatributory Causes of Importance: What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy?
PERSONAL AND STATISTICAL PARTICULARS 3_SEX 4. COLOR OR RACE OR DIVORCED (winter the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. of years winch word of years away and year of years away and year of years word at this occupation (month and year) 3. Tracke, profession, or particular AWYER, BOOKKEEPER, etc. 3. Tracke, profession, or particular 3. Tracke profession, or particular 3. Tracke profession, or particular 4. COLOR OR RACE 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. of years as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Date of Wir was done as SPINNER, seen as SILK MILL, bank, etc. 3. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
3. SEX 4. COLOR OR RACE OR DIVORCED (winter the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. That I attended decease to have occurred on the base stated thove, at P. m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: 10. Date deceased last worked at this occupation (month and year) (State or country) 11. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy?
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) NSV 2/- 1908 7. AGE Years Months Days If LESS than 1 day, hrs. of the profession, or particular Lidey, hrs. of the profession of the p
53. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 12/2/908 7. AGE Years Months Days If LESS than I day, hrs. of the profession, or particular the profession, or particular the profession of the particular that the particular that the profession of the particular that the particular that the profession of the particular that the particular that the profession of the particular that the particular that the particular that the profession of the particular that the particular
6. DATE OF BIRTH (month, day, end year) 2 / 2 / 9 08 7. AGE Years Months Days If LESS than I day, hrs. of min. 10 I Trade, profession, or particular kind of work done, as SPINNER. AWYER, BOOKNEEPER, etc. 3. Trade, profession, or particular kind of work done, as SPINNER. AWYER, BOOKNEEPER, etc. 3. Trade because data worked at this occupation (month and yeer) 10. Date deceased last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy?
7. AGE Years Months Days If LESS than I dey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Date of Sawyer, Bookkeeper, etc. Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME Malter Dataset 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy?
Trade, profession, or particuler were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Date of Were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Date of Were as follows: The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Date of Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
Trade, profession, or particuler kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. The deceased last worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. What test confirmed diagnosis? Was there an autopsy?
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12. BIRTHPLACE (city or town) Other Contributory Causes of importance: 13. NAME Alter Active 14. BIRTHPLACE (city or town) Name of operation Date of (State or country) Was there an autopsy?
12. BIRTHPLACE (city or town) (State or country) 13. NAME
(State or country) 13. NAME Walter Discuss 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy?
13. NAME Walter Plaster 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy? Was there an autopsy?
What test confirmed diagnosis? Was there an autopsy?
What test confirmed diagnosis? Was there an autopsy?
what test confirmed diagnosis? Was there an autopsy?
23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)
* (State or country) Where did injury occur? New T miles
(Specify city or town, county and State)
17. INFORMANT (Address) P (Control of the Control o
18. BURIAL, CREMATION, OR SEMOVAL A Manner of injury Sure Phot Work
Place - Mature of injury 7 at al and Chat now
19. UNDERTAKER Atural & Page 24. Wes disease or injury in any way related to occupation of deceased?
(Address) If so, specify (Simple of Control of Contro
20. FILE Pune 16,1933 M. f. Moure (Signed) (Address) Was of The
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

2D. Every item of inforpluods PHYSICIANS statement Exact XACTL classified. FOR BINDE 国 properly stated MARGIN RESERVED may so that plain terms. ij. CAUSE OF DEATH mation should -WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH County_ Village or City Length of residence in city or town where death occurred . 1-1 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX S. SINGLE, MARRIFD, WIDOWED OR DIVORCED (write the word 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Days If LESS tha 2 1 day._ or min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION jo back Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc instructions on 10 hate deceased last worked et 11. Total tima (years) spent in this this occupation (month and occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 19. UNDERTAKER (Address) Registrar

arles.	Registration Dist. No.
Celcome nd	No. St. Ward
n where death occurred 4.0_yrsmps	death occurred in a horpital or institution, give its NAME instead of street and number) ds. ds. ds. ds.
elliam Joh	n Smithe.
Wel come n	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Daf) (Year)
Thereez Burgese Mch 2 4, 185 2955	22. I HEREBY CERTIFY. That I attended deceased from 1930, to fune 19, 1935. Vast saw h simu alive on June 17, 1935; death is seld
onths Days If LESS than 1 day,	to have occurred on the date stated above, at & A.m.
R RG day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NER, Farmer.	Siriase
L,	
11. Total tima (years) spent in this	Brack Barne
Bellast Solvend	Other Contributory Canses of importance:
The state of the s	
me Imythe	
mahichester,	Name of operation
Congland.	What test confirmed diagnosis? Was there an au'opsy?
othy Blakeley	23. If death was due to external causes (VIOLENCE) fill in also the following:
Weland,	Accident, suicide, or homicide? Date of Injury, 19
Martha Smythe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
21d Date firme 21, 1935.	Manner of Injury
durf Did.	24. Was disease or injury In any way related to occupation of deceased?
Killien T. Posey Refigrar.	(Signed) George & Fichnell, M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No.

V. S. No. 1

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DUREAH V, S			
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		ADDITIONAL	SPACE	FOR	FURTHER S	STATEMEN	TS BY	PHYSICIAN
CHANGE	OF	AGE: let	ter f	iled	8/2/35	under	Dr.	BicknellL